

Caregiver Fabricated Illness in a Child –A Basic Introduction

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- None

Objectives

- Recognize the history behind the diagnosis of 'Caregiver Fabricated Illness in a Child' and its clinical significance
- Understand current medical thinking in regard to this diagnosis
- Appreciate the spectrum of severity in this problem

Evolving Definitions

- Munchausen Syndrome By Proxy (MSBP)
- Pediatric Condition Falsification
- Child Abuse in the Medical Setting
- Caregiver-Fabricated Illness in a Child

MSBP - History

- Baron Von Munchausen told "tall tales" of his life and travels
- Dr. Richard Asher-defined Munchausen Syndrome in 1951
 - A person who fabricates their own illness
 - He described 3 case histories of patients who misled their physicians about illnesses

MSBP - History

- Sir Roy Meadow described MSBP in 1977
 - "Munchausen by Proxy, the hinterland of child abuse"
- Meadow's original two cases
 - A child who died from inflicted salt poisoning
 - A mother who fabricated renal disease on laboratory tests

Munchausen Syndrome By Proxy (MSBP)

- A condition in which a caregiver fabricates a medical condition in a child to meet their own self-serving psychological needs
- Motivation specific
- Results in unnecessary medical care

Classic MSBP

- Self-Serving Psychological Needs
 - Attention
 - Positive feedback
 - Interaction with the medical system
 - Manipulation of authority figures
 - Take on the sick role through the child
 - Some combination of the above

Perpetrators, Patients, Presentations

- Based on Classic MSBP
- Bleed over into the broader spectrum of the problem

Perpetrators

- Usually women (> 95%), usually the mother
- Often have a medical background
- Convincingly present themselves as wonderful mothers dealing with a medically complex or fragile child.
 - Child is an object allowing them into the medical environment
- Father absent, uninvolved (until medical crisis)

Perpetrators

- Often have a somatic disorder or medical diagnosis of their own
- Bring out strong feelings among those working with them – either love them or hate them
- Manipulate medical team members against each other
- No diagnostic psychiatric profile
 - Personality disorders common, psychoses rare

Victims

- All ages – younger more common
- 30 % have true underlying illness
- One or more child in family may be a victim
 - This can be simultaneously or serially
- History of prior infant deaths in family

Victims

- Older victims become involved in the deception
- Develop a mind set of being sick

Presentation

- Apnea
- Seizures
- GI problems
- Bleeding
- Infections, often polymicrobial sepsis
- Poisonings

Creation of Symptoms and Signs

- A spectrum exists
 - Exaggeration
 - Spittiness described as unremitting vomiting
 - Fabrication
 - Caretaker's blood placed in child's vomitus
 - Induction
 - Ipecac given to cause vomiting

Clues

- Described signs, symptoms not born out by PE, lab
 - Illness described as extreme, child looks great
- Problem occurs only in presence of one caretaker
- Multiple doctor visits, hospital admits, procedures
- Described illness is not typical, doesn't make sense

Abuse to the Child

- The acts of the perpetrator to induce the "disease" – poisoning, smothering, injected materials
- The harm of the unnecessary medical procedures – needle sticks, Xrays, invasive surgical procedures
- The psychological harm

PEDIATRICS

- My Mother Caused My Illness: The Story of a Survivor of Munchausen By Proxy Syndrome
- Bryk M and Siegel PT. Pediatrics 1997;100(1):1-7.

Classic MSBP - Problems

- Term is used variably, inconsistently
- Definition is motivation specific – medical providers feel discomfort in determining motivation

Classic MSBP - Problems

- Confusion
 - Who makes the diagnosis?
 - Pediatrician
 - Psychiatrist
 - Investigator
 - Who receives the diagnosis?
 - Child?
 - Perpetrator?

Classic MSBP - Problems

- Sometimes written off as a mental disorder and not child abuse
- Implies perpetrators not responsible for their actions
- Perpetrators know what they are doing
 - may not understand their own motivation

Classic MSBP - Problems

- Definition doesn't include the wide spectrum of problems we now recognize
- MSBP raises fear in our hearts
 - Hard to believe
 - Contentious
 - Hard to prove

Classic MSBP – Limited Only by the Perpetrator's Imagination

- | | |
|--------------------------------|--------------------------|
| • Menstrual blood in urine | • Insulin administration |
| • Feces in open wound | • Pancreatectomy |
| • Vaginal discharge in IV line | • Tracheostomies |
| • Sewer water in IV line | • Gastrostomies |
| • Sewing needle in brain | • Small bowel transplant |
| • Ground glass in formula | • Sexual abuse |
| • Rat poisoning | • Psychiatric disorders |

How Could This Happen in Medicine?

- At least 80% of medical diagnoses are made via history and not physical exam
- Pediatricians are trained to trust and respect patients and parents – hard to shift to questioning their honesty
- The idea that caregivers could do these things is hard to believe

How Could This Happen in Medicine?

- Doctors feel guilty at the possibility that they have contributed to abuse – this makes it harder to think of, recognize
- Defensive medicine: “what if I have missed something?” – gets in the way

The Next Step – Revised Definitions

- American Professional Society on the Abuse of Children (APSAC) 2001
- Attempt to clarify the condition with careful definitions

APSAC Definitions

- Pediatric Condition Falsification (PCF) – diagnostic term for the child victim in the form of abuse where an adult fabricates illness in that child

APSAC Definitions

- Factitious Disorder By Proxy (FDP) – diagnostic term for the adult perpetrator who fabricates illness in the child with the motivation of self-serving psychological needs: external incentives are not the driving force

APSAC Definitions

- Munchausen By Proxy = Pediatric Condition Falsification via Factitious Disorder By Proxy
- MSBP = PCF via FDP
- ???

Definitions

- PCF is not caused only by FDP
 - Custody issues
 - Delusional belief the child is ill
 - Parent is overwhelmed, needs help
 - Anxious parent exaggerates symptoms to enhance care
 - Financial gain
- The prognosis is very different

What a Mess

- Despite growing awareness, this condition is misunderstood in the medical community
- Everyone is afraid of MSBP
 - Difficult to believe
 - (Deceptively) invested mom, bizarre occurrences
 - Identifying motivation is difficult if not impossible – everyone is uncomfortable

The Next Step - Focus on the Child

- Tom Roesler MD, Carole Jenny MD
- Attempt to simplify
- Attempt to redirect focus toward the diagnosis in the child, rather than on the pathology in the perpetrator
- American Academy of Pediatrics 2007

Medical Child Abuse (Child Abuse in the Medical Setting)

- A type of child abuse in which the medical system, at the instigation of a caregiver, provides unnecessary, harmful, or potentially harmful medical care.

Important Distinctions: Case Example From the AAP

- 12-month-old child is repeatedly smothered by her mother until she stops breathing and turns blue. She recovers. Medical care is not sought.
- Is this medical child abuse?

Important Distinctions: Case Example From the AAP

- No. There has not been unnecessary medical care
- This is a physical assault/physical abuse.

Important Distinctions: Case Example From the AAP

- After one of these episodes, mother calls EMS, who transports the child to the hospital.
- She has further apneic "episodes" in the hospital (when mother again smothers her).
- She gets a bronchoscopy and several other tests in an effort to diagnose the cause of her apnea.
- Is this medical child abuse?

Important Distinctions: Case Example From the AAP

- Yes
- This child is receiving unnecessary and harmful or potentially harmful medical care due to being smothered by her mother.

Important Distinctions: Case Example From the AAP

- The mother of a 5-month-old adds huge amounts of salt to the baby's formula. This is like drinking salt water, and the baby dies at home.
- Is this medical child abuse?

Important Distinctions: Case Example From the AAP

- No. There has not been unnecessary medical care.
- This is homicide and physical abuse.

Important Distinctions: Case Example from the AAP

- This 5-month-old is admitted to the hospital and receives multiple tests (including blood draws) to evaluate his hypernatremia.
- Is this medical child abuse? Yes

Medical Child Abuse (Child Abuse in the Medical Setting)

- A type of child abuse in which the medical system, at the instigation of a caregiver, provides unnecessary, harmful, or potentially harmful medical care.
- Caregiver motivation is not important in making the diagnosis
 - Motivation remains important in treatment and safety plans

Medical Child Abuse

- Now we can focus on
 - Determining if the medical care is justified
 - Stopping the medical care if it is not justified

Medical Child Abuse

- More inclusive of less severe cases that still warrant some type of intervention
- Most cases fall on the milder end of the spectrum

Creation of Symptoms and Signs- Adding to the Spectrum

- Over interpretation of symptoms due to anxiety
- Exaggeration
- Fabrication
- Induction

Think of MCA as Abuse

- Other forms of abuse have an evolving thought process and terminology
 - Battered child---child physical abuse
 - Shaken baby syndrome---abusive head trauma
 - MSBP---MCA

Think of MCA as Abuse

- Other forms of abuse are logical counterpoints to each other
 - Physical abuse and physical neglect
 - Inflicting vs failing to protect from physical harm
 - Emotional abuse and emotional neglect
 - Emotionally attacking vs ignoring a child
 - MCA and medical neglect
 - Obtaining too much care that is harmful or potentially harmful vs failing to obtain needed medical care

Think of MCA as Abuse

- Other forms of abuse have a spectrum of severity
 - Physical abuse
 - Spank mark vs broken bone
 - Sexual abuse
 - Exposure to nudity vs repeated rape
 - MCA
 - Maternal anxiety vs symptom induction
- Less severe cases more common, more severe cases get the attention
 - Not all cases meet threshold for protection

Think of MCA as Abuse

- MCA long term outcomes are similar to other forms of abuse
 - Anxiety, depression
 - Relationship problems
 - Drug and alcohol abuse
 - Self image issues

What Goes On In the Hospital With Your Cases?

Making the Diagnosis

- Thinking of it comes first
- Are the signs and symptoms of the illness observable independent of the caretaker, and do they support the care provided?
- Does it seem likely that the medical care has been unnecessary given the big picture?
- If so, who is instigating the care?
- Ensure that other causes have been reasonably considered with basic studies.
- Comprehensive medical record review patient and siblings (this takes time and is usually down the line)

Intervention

- Care conference with all medical teams
- Discuss the situation
- Get everyone on board
- Make a new medical plan that stops the unnecessary care
- Let the family know the plan
- Use the least restrictive measures possible to do the above and stop the unnecessary care

Intervention Gradations

1. Reassurance, explanation, support, primary care gatekeeping
2. Use outside resources to monitor
 - Insurance provider, school
3. Admit to hospital for documentation, use of hospital team to work with parents, including child and family therapists
4. Involve DCFS – help with compliance in home
5. Out of home placement
6. Criminal prosecution

Evolving Definitions

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- Caregiver-Fabricated Illness in a Child
 - Pediatrics 2013;132:590–597

Caregiver Fabricated Illness in a Child

- “Maltreatment that occurs when a child has received unnecessary and harmful or potentially harmful medical care because of the caregiver’s fabricated claims or signs and symptoms induced by the caregiver.”
- Caregiver intent not a consideration in diagnosis

Reading

- Ayoub CC, et al. Position paper: Definitional Issues in Munchausen by Proxy. Child Maltreatment. 2002;7(2):105-111. (Background, definitions)
- Roesler TA. In Child Abuse and Neglect Diagnosis, Treatment, and Evidence. Jenny C, ed. Saunders-Elsevier, St Louis, 2011: Chapter 61, 5860591. (Draws parallels to other forms of abuse, helps with thinking)
- Stirling J, and the Committee on Child Abuse and Neglect (American Academy of Pediatrics). Beyond Munchausen Syndrome by proxy: Identification and Treatment of Child Abuse in a Medical Setting. Pediatrics. 2007;119(5):1026-1030. (Good examples, good on thinking and very good on approach & intervention)
- AAP Committee on Child Abuse and Neglect. Caregiver Fabricated Illness in a Child: A Manifestation of Child Maltreatment. Pediatrics. 2013;132(3):590-597. (most recent AAP statement with latest name change)
- Roesler TA, Jenny C. Medical Child Abuse: Beyond Munchausen Syndrome by Proxy. Ed: DE Beausoleil. AAP 2009, USA. (A very helpful book for those with in depth interest)